

Course Submission Packet  
for an  
Individual Montana Insurance Producer or Consultant

Producer/Consultant Name \_\_\_\_\_  
Insurance License Number(s) \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Course Name \_\_\_\_\_

Course Provider \_\_\_\_\_

Checklist:

- \_\_\_\_\_ Submitted less than 45 days after course end
- \_\_\_\_\_ Copy of course completion certificate from course provider attached
- \_\_\_\_\_ **All** questions answered in attached packet
- \_\_\_\_\_ Copy of course agenda, syllabus or outline attached
- \_\_\_\_\_ Complete copy of this completed packet kept for my records
- \_\_\_\_\_ Application signed.

Course Number

For Departmental Use Only

Reception Number

1. The course was completed (month) \_\_\_\_\_ (day) \_\_\_\_\_, (year) \_\_\_\_\_.  
(please use the date from the completion certificate)

2. I am a Montana Insurance Producer \_\_\_\_\_ Yes \_\_\_\_\_ No

3. I am a Montana Insurance Consultant \_\_\_\_\_ Yes \_\_\_\_\_ No

4. This was a college or university course \_\_\_\_\_ Yes \_\_\_\_\_ No

If, yes, name of college or university \_\_\_\_\_

5. The course was taught in this method:

\_\_\_\_\_ Classroom (an instructor or instructors taught the course materials).

\_\_\_\_\_ Correspondence (I studied a book and completed and passed a test).

\_\_\_\_\_ Videotape (I watched a videotape and completed and passed a test).

\_\_\_\_\_ Audiotape (I listened to an audiotape and completed and passed a test).

\_\_\_\_\_ Teleconference (I went to a scheduled teleconference site that was monitored by the course provider).

\_\_\_\_\_ Other (I completed a computer-based course and completed and passed a test) or (write a description of the method) \_\_\_\_\_  
\_\_\_\_\_.

6. The name(s) of the instructor(s) is/are \_\_\_\_\_  
\_\_\_\_\_.

7. The goals and objectives of the course were:

8. The major course topic was:

9. The course was \_\_\_\_\_ hours long.

10. I contacted \_\_\_\_\_ at (phone number)  
( ) \_\_\_\_\_ (or address) \_\_\_\_\_  
\_\_\_\_\_ to enroll in this course.

11. Describe what you learned during each course session or segment.

[illegible]

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11. (Continued)

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I request that the attached materials be reviewed for certification and approval by the Montana Insurance Continuing Education Program. I certify the information submitted regarding this course is true and correct. I understand that additional materials may be requested by the Montana Insurance Continuing Education Program as part of the course review and certification process. I understand any approval or credit hours assigned this course as a result of this submission can only be used by me to meet my annual insurance continuing education requirement.

Date \_\_\_\_\_

Reproduction of this application packet is encouraged.